



**Testimony of Gustave Keach-Longo
Vice President of Senior Services, Community Renewal Team**

Public Hearing Testimony on Elderly Nutrition Funding

**Connecticut General Assembly Appropriations Committee
February 16, 2017**

Distinguished Chairpersons, Vice-Chairpersons, Ranking Members, and Members,

My name is Gus Keach-Longo and I am Vice President of Senior Services for the Community Renewal Team. I would like to offer testimony in support of increased funding for the Title III-C Elderly Nutrition Program, which is supported by the State Department on Aging and administered through Connecticut's five Area Agencies on Aging.

CRT has extensive experience as an Elderly Nutrition Program provider to the Greater Hartford area and, more recently, to Middlesex County. For decades we have witnessed the positive impact this program has on participants. As you may know, Connecticut is one of the "grayest" states in the U.S., ranking seventh oldest in the nation – and third highest in our population of those over age 85. To remain successfully in the community, this aging population leans on support programs like Elderly Nutrition – whether they need home-delivered meals or they travel to a senior center to enjoy lunch with a friend. Thus in recent years, CRT has found itself in a position of "over-serving," or providing more meals than what is specified in our contracts. For several years our funders were able to reimburse us for meals served above and beyond our contracted service levels, but that is no longer the case.

We acknowledge that these are tough financial times, and we are acutely aware of the pressure on state agencies to reduce overall expenses. However, we also know that investing in the Elderly Nutrition Program could reduce health care expenses and postpone costly relocations to nursing homes, providing a significant financial benefit to the state. The state of Connecticut is required to provide only a 15 percent match for the federal Title III-C funds: this is a bargain when considering the positive benefits proper nutrition can provide our seniors.

For seniors, poor health is detrimental, costly, and often leads to a loss of independence, a lower quality of life, increased morbidity and mortality, greater caregiver burden, and increased health care utilization.ⁱ In Connecticut, elderly and disabled individuals make up approximately 24 percent of Medicaid enrollees and consume 61 percent of funding. The average cost of health care for an elderly person is nearly \$31,000 annuallyⁱⁱ primarily due to costs associated with the management of chronic conditions and fees associated with long-term care.

Seniors residing in communities often struggle to make ends meet while attending to basic needs like adequate nutrition, medication, and housing. Food insecure seniors are more likely to develop chronic



conditions than non-food insecure seniorsⁱⁱⁱ. Even seniors who have the income to purchase food do not necessarily have the resources they need to buy and prepare food due to a lack of transportation or functional limitations.^{iv} Many seniors live in rural areas and experience more difficulty accessing services needed to maintain independence. Others have trouble with activities of daily living (e.g. eating, bathing, and dressing); assistance with these activities has been shown to decrease the risk for institutionalization, which is a costly expense for the state.^v Improving seniors' nutrition and providing them with an opportunity to socialize can yield important long-term benefits to seniors' health and, in turn, to the state's bottom line.

There is a growing need to assist seniors with leading healthier, more independent lives. The older segment of Connecticut's population continues to grow rapidly, and whether or not funding keeps pace with this growth, the demand for services like Elderly Nutrition is unlikely to slow. In 2016 CRT negotiated contracts with two of the state's Area Agencies on Aging to provide Elderly Nutrition Program services, and while we proposed serving a combined 376,595 meals – a level we know is consistent with demand – we are only contracted to serve 328,578 meals. That is 48,017 hot lunches and cold suppers that will not be served to seniors who depend upon them.

To adjust our meal count to the contracted levels, we have had to suspend service and set caps at some of our congregate meal sites and establish waiting lists for home delivery, meaning many seniors are not receiving meals that could significantly impact their health and well-being. CRT has and will continue to leverage every community resource and funding opportunity we can to provide seniors in our community with the level of service they deserve, but we are unsure of our ability to do so without increases in public funding.

Connecticut's *State Plan on Aging* for fiscal years 2015 through 2017 notes that one of Connecticut's focus areas for the elderly is "healthy aging." The first goal of this focus area is to "promote healthy aging initiatives across the aging network," with an objective to "promote the services funded through the Elderly Nutrition Program to keep the Nutrition Program relevant and responsive to consumer needs."^{vi} We urge you to consider expanding upon this goal through fiscal year 2017 and beyond, by increasing state funding for the ENP. As a provider for more than 40 years, CRT knows that this program is integral to keeping many of our state's seniors thriving in their own homes and communities.

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ⁱ "Position of the American Dietetic Association, American Society for Nutrition, and Society for Nutrition Education: Food and Nutrition Programs for Community-Residing Older Adults," Journal of the American Dietetic Association, (March 2010).

ⁱⁱ "CT Health Policy Project Basics of Health Policy August 2016," Connecticut Health Policy Project, http://www.cthealthpolicy.org/cthealthbook/2016/health_policy_basics_2016.pdf, (2016).

ⁱⁱⁱ "Spotlight on Senior Health: Adverse Health Outcomes of Food Insecure Older Americans," Feeding America, <http://www.feedingamerica.org/hunger-in-america/our-research/senior-hunger-research/or-spotlight-on-senior-health-executive-summary.pdf>.

^{iv} "Senior Hunger Facts," (2016).

^v Kowlessar, Robinson, & Schur, "Older Americans Benefit from Older Americans Act Nutrition Programs," Administration on Aging, https://aoa.acl.gov/Program_Results/docs/2015/AoA-Research-Brief-8-2015.pdf (Sept 2015).

^{vi} "Connecticut State Plan on Aging," State Department on Aging, http://www.ct.gov/agingservices/lib/agingservices/pdf/2015_-_2017_approved_ct_state_plan_on_aging.pdf, (2014).